

**STATE OF MINNESOTA
RISK MANAGEMENT DIVISION**

**PACKAGE APPLICATION
(NEW OR RENEWAL)**

Dates of Coverage: 07/01/2011 to 07/01/2012

For best results, Use the TAB Key to move to each highlighted area, which is to be completed.

State Agency/Insured			
Name Changes or Consolidation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If yes, advise above)
Contact Name			
Title			
Mailing Address			
City		State	<u>MN</u>
Zip			
Telephone		Fax	
Internet/E-mail Address			
Risk/Safety Coordinator (name)			
Phone		E-mail	

MAPS/SWIFT INFORMATION

Fund		Activity	
Agency		Object	
Org/Sub		Revenue/Sub	
Appropriation			

If you are unable to accept fund transfers, please provide your vendor number

SOLE AUTHORITY

The Risk Management Fund Claims Department will have sole authority with respect to the adjustment, coverage evaluation, and valuation of losses.

Coverage Requirement and Rating Information

Section A: Property and Boiler & Machinery Coverage

1) Total Replacement Property Values, including Buildings, Contents, and Business Income limit.

Make needed changes to expiring schedule (see attachment).

\$

2) New construction planned over next 12 months? If yes, and RMF is to insure the Builders Risk, attach details including completed value of property, period of construction (start and completion dates), and narrative description of project.

☐ Yes

☐ No

3) Property Deductible per Occurrence

☒ Select One

☐ \$500

☐ \$1,000

☐ \$2,500

☐ \$5,000

☐ \$10,000

☐ \$25,000

☐ \$50,000

☐ \$75,000

☐ \$100,000

☐ \$250,000

Section B: Inland Marine

If you desire to insure all of your Inland Marine coverages at the same deductible level as the Property, disregard Section B and include the Inland Marine values as contents on the Property schedule.

Coverages included in the Risk Management Fund Property Program at the selected property deductible are also available at separate lower deductible options. The reporting for these coverages will be on an annual basis, except for newly acquired property that exceeds 10% of the current value. It should be reported within 30 days of acquisition.

Coverage Requested

Total Value

Deductible (select)

<input type="checkbox"/> Fine Arts:	(Owned)
<input type="checkbox"/> _____ *	(Non-owned)
<input type="checkbox"/> Computer Equipment	
<input type="checkbox"/> Scoreboards	
<input type="checkbox"/> Contractors Equipment	
<input type="checkbox"/> Radio, TV, & Camera Equipment	
<input type="checkbox"/> Musical Instruments	
<input type="checkbox"/> Other (describe) _____	

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For each coverage checked, attach a schedule of the owned/leased property including values. PLEASE TOTAL VALUES FOR EACH COVERAGE.

If a schedule is not provided, losses will be subject to the Property deductible.

****Fine Arts (Non-owned): These values should represent an estimate of the value of non-owned exhibits on display at any one time.***

Section C: General Liability
(COMPLETE ONLY IF GENERAL LIABILITY COVERAGE IS DESIRED)

- | | |
|--|--|
| 1) Square foot area of occupied space | |
| 2) Number of employee/volunteer FTEs | |
| 3) Number of students (FTEs) <u>by campus</u> (MNSCU ONLY) | |
| 4) Number of teachers (FTEs) <u>by campus</u> (MNSCU ONLY) | |
| 5) Total number of students <u>by campus</u> (MNSCU ONLY) | |
| 6) Do any restaurants, bars, pubs, clubs, or concessions on your premises or under your ownership sell beer or wine? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7) Does your premises have any security guards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes... | |
| Are they contracted or state employees? | Select |
| Are they armed or unarmed? | Select |
| 8) Do you offer childcare? | |
| If Yes... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the maximum capacity? | |
| Operated by private vendor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9) Is Public Officials' Liability desired? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section D: Crime Coverage

- 1) \$25,000 Employee Dishonesty coverage is included in the Property Program
I wish to increase limits to:
- ☐ \$100,000
☐ \$500,000
☐ \$1,000,000
- 2) \$25,000 Money & Securities coverage is included in the Property Program
I wish to increase limits to:
- ☐ \$100,000
☐ \$500,000
☐ \$1,000,000

If you have elected to increase the Crime limits, please contact our office for an Excess Crime application and we will provide a quotation. If you currently have a separate Excess Crime policy in place through the Risk Management Division, we have already forwarded the Crime applications to you under separate cover (on an "as needed" basis) for the renewal.

Section E: Cyber Coverage

- 1) \$25,000 Cyber Asset and Income coverage is included in the Property Program
- 2) \$100,000 Cyber Liability Coverage is included in the General Liability Program

If larger Cyber limits are desired, please contact the Risk Management Division.

Section F: Garagekeepers Legal Liability Coverage (GKLL)

If your institution is involved in Transportation, Mechanical and Related carrier programs and have automobiles or related property in your care, custody and control, (i.e., parking garage), you will need Garagekeepers Legal Liability. You could be held legally responsible for individuals' vehicles, trucks, farm tractors and implements or other similar equipment you work on or that is in your care, custody and control. It will be necessary to complete Form CC-2 Garagekeepers Legal Liability. You will need to identify each location where these operations are carried out, the Limit of Liability you desire, the maximums and average number of autos you expect during the year, and the annual receipts you receive. In order to select the appropriate limit, please use the maximum values you may have in your care, custody and control at any one time at each location.

Form CC-2 Garagekeepers Legal Liability

Complete this form only if you require Garagekeepers Legal Liability insurance. If you do not have garage operations it is not necessary to complete this form.

Location	Address	Limit of Liability (\$)	Number of Autos Maximum/ Average	Gross Receipts (\$)
1				
2				
3				
4				
5				

Comprehensive and Collision Coverage

Coverage Provided on Legal Liability Basis

Deductible: \$500 per Auto/\$5,000 Maximum Deductible per Loss

Exclusions:

- Contract Liability
- Intentional or Expected Loss
- Dishonest Acts
- Defective Parts and Faulty Work
- Loss to tape decks, other sound equipment, sound receiving equipment, CB radios, antennas and other accessories unless permanently installed in a covered auto
- Radar Detection Equipment, tapes, records, CDs, DVDs or other devices designed for use with sound reproducing equipment whether installed or not.

FY2012 Business Income Worksheet

TIP: Business Income and Extra Expense are very valuable coverages! Completing this worksheet will allow you to determine the appropriate limit for your operation.

Insured: _____

Date: _____

Location(s): _____

Note: Agency financial statements can be useful in helping you project the following for FY2012.

	(\$)
REVENUE (all sources except state appropriations)	_____
+ STATE APPROPRIATIONS	_____
- DEDUCTIONS (ALL expenses that will not continue during business suspension) <i>(Note: Bargaining agreements oftentimes require salaries to continue during business suspension)</i>	_____
BUSINESS INCOME LIMIT	_____ 0

Note: The policy includes Business Income/Rental Income at \$500,000 per agency/insured. Additional limits may be purchased. The Property rate is used to determine the premium for the additional limits (refer to Package Rates FY12). Completion of this worksheet is required if additional limits are desired.

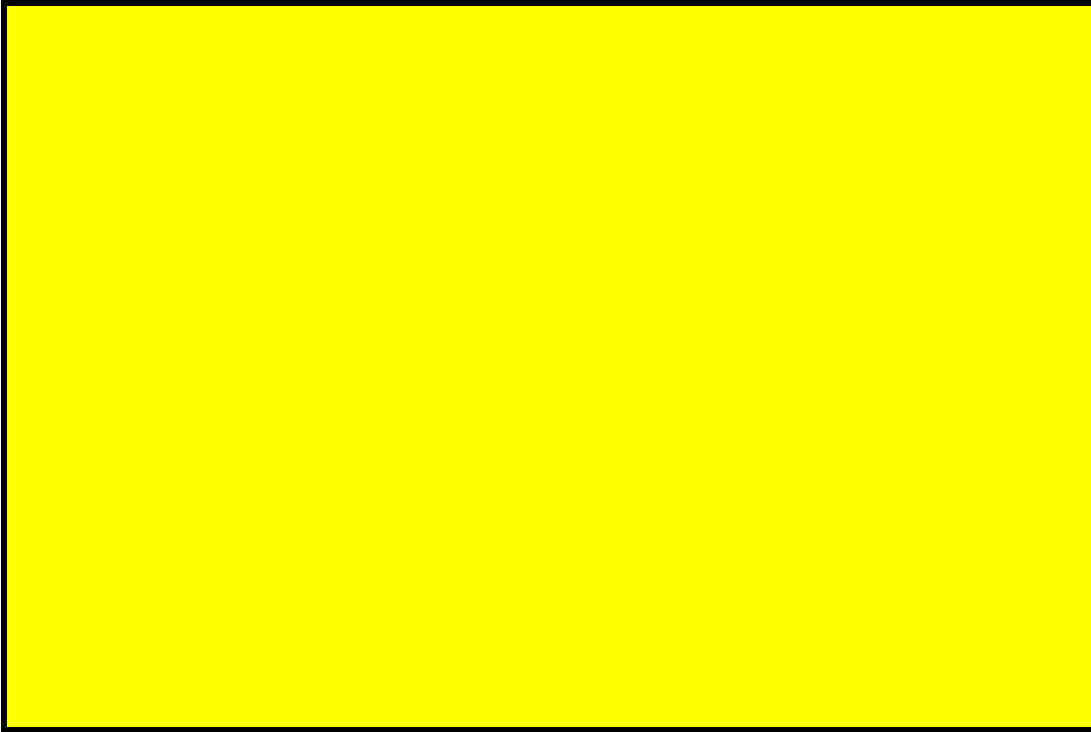
ANNUAL EXPENSES (operating and non-operating) _____

EXTRA EXPENSES (Estimated expenses to avoid or minimize suspension of business and to continue operations) _____

Note: The RMF master policy includes Extra Expense at \$50,000,000 per occurrence (combined for all insureds). Additional limits may be purchased. The Property rate is used to determine the premium for the additional limits (refer to Package Rates FY12). Completion of this worksheet is required if additional limits are desired.

NOTES

(The space below is for your use in providing any additional information that you were unable to include in the application.)

A large yellow rectangular box with a black border, intended for providing additional information.

Please **Save** and **FORWARD** this application to the Risk Management Division at:
risk.management@state.mn.us (DO NOT REPLY)